

STANDARD FORMAT FOR PROVIDER BILLS

1. Components of standardization: Standardization involves three components:
 - i) Bill Format
 - ii) Codes for billing items and nomenclature
 - iii) Standard guidelines for preparing the bills
2. Format specified: The bill is expected to be in two formats
 - i) The summary bill and
 - ii) The detailed breakup of the bills
3. Explanation and Guidelines – Summary Bill
 - i. The summary format is annexed in the Schedule – D1
 - ii. The Bill shall be generated on the letter head of the provider and in A4 size to aid scanning The summary bill shall not have any additional items (only nine)
 - iii. The provider has to mention the service tax number in case they charge service tax to the Insurance Company
 - iv. The payer mentioned in the Bill has to be necessarily the Insurance Company and not the TPA.
 - v. In case of package charged for any procedure / treatment the provider is expected to mention the amount in Serial Number (9) only. Items beyond the package are to be mentioned in Serial Numbers (1) to (8).
 - vi. The patient / attendant signature is mandatory on the summary bill
 - vii. The additional guidelines to fill the summary format shall be as below:

| Field Name | Remarks |
|------------------------------|--|
| Provider Name | Legal entity name and not the trade name |
| Provider Registration Number | Registration number of the provider with local authorities. once the clinical establishments (registration and regulation) bill, 2007 is passed, then registration number under this act |
| Address | Address of the Facility where member is admitted. A provider can have more than one facility. |
| IP No | Unique number identifying the particular hospitalization of the member |
| Patient Name | Full name of the patient |
| Payer Name | Name of the Insurance company with whom the member is insured. In case of cash patient then the |

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| | field is to be left blank. If the bill is raised to more than one insurer then the primary insurer who has given cashless is to be mentioned. The name of insurance company needs to be mentioned and not the TPA. |
| Member address | Full address of the member |
| Bill Number | Bill number of the provider |
| Bill Date | Date on which the bill is generated. |
| PAN Number | PAN Number – Mandatory |
| Service Tax Regn No | Registration number from service tax authorities. Mandatory in case service tax is charged in the bill |
| Date of admission | Date of admission of the member in case of IPD cases. In case of Day care procedures, this is the date of procedure |
| Date of discharge | Date of discharge of the member in case of IPD cases. In case of Day care procedures, this is the date of procedure(same as date of admission) |
| Bed Number | Bed number in which the patient is admitted. In case the member is admitted under more than one bed number, all the numbers have to be mentioned. |
| SL No 1 of billing Summary | All items under the primary head '100000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here. |
| SL No 2 of billing Summary | All items under the primary head '200000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here. |
| SL No 3 of billing Summary | All items under the primary head '300000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here. |
| SL No 4 of billing Summary | All items under the primary head '400000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here. |
| SL No 5 of billing Summary | All items under the primary head '500000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here. |

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| SL No 6 of billing Summary | All items under the primary head '600000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here. |
| SL No 7 of billing Summary | All items under the primary head '700000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here. |
| SL No 8 of billing Summary | All items under the primary head '800000' in the detailed bill have to be summarized into this. In case the procedure is packages, then only bills amount beyond the package needs to be mentioned here. |
| SL No 9 of billing Summary | All items under the primary head '900000' in the detailed bill have to be summarized into this. If more than one procedure is done, the total amount of the two procedures needs to be summarized |
| Total Bill amount | Sum total of all items 1 to 9 in the bill |
| Amount paid by the member | Amount of bill paid by the member including co-pay, deductible, non-medical items etc incl discount offered to member, if any. |
| Amount charged to Payer | Amount payable by Insurance company |
| Discount Amount | Amount offered as discount to the insurance company |
| Service tax | Service Tax chargeable to insurance company |
| Amount Payable | Total amount payable by insurance com[any including service tax |
| Amount in words | Above mount in words for the sake of clarity |
| Patients signature | Signature of the patient or the attendant of the patient needs to be mandatorily taken |
| Authorized signatory | The signature of the authorized signatory at the provider |

4. Explanation and Guidelines – Detailed Breakup of the Bill

- I. The summary format is annexed in Schedule – D2
- II. The Bill shall be generated on the letterhead of the provider and in A4 size paper to aid scanning.
- III. The billing has to be done at level 2 or 3
- IV. In case of medicines/consumables, the relevant level code three has to be mentioned (40100, 401002) and the text should indicate the actual medicine used
- V. If providers have outsourced the pharmacy to external vendors. In such cases the providers can attach the original bills separately. However, the summary of this has to be mentioned in the summary bill.
- VI. In case of pharmacy returns the same, the code originally used is to be used with a negative sign in the units
- VII. In case of cancellation of any service, the same code originally used is to be used with a negative sign indicating reversal
- VIII. The date on which the service is rendered is to be mentioned in the bill. This would be
 - a. the date of requisition in case of investigations
 - b. date of consultation for professional fees
 - c. date of requisition in case of pharmacy/consumables irrespective of when they were used
 - d. Date of return of pharmacy items for pharmacy returns.
- IX. The additional guidelines to fill the summary format shall be as below, except that the first section of the bill is same as the bill summary referred in 3 above.

| Field Name | Remarks |
|-------------|---|
| Date | Date on which service is rendered. For example, this is the date of investigation, date of procedure etc. |
| Code | Level 2 or 3 code of the billing item as per the codes(annex III) |
| Particulars | Text explanation of the item charged |
| Rate | Per unit price (per day room rent, per consultation charge) |
| Unit | No of units charged(hours, days, number as appropriate) |
| Amount | Rate*unit(s) |

SUMMARY BILL FORMAT

| | | | |
|---------------------------|----------------------------|---------------------|--------------|
| Provider Name | | Bill Number | |
| Provider registration No. | | Bill Date | |
| Address | | PAN Number | |
| IP No | | Service Tax Regn No | |
| Patient Name | | Date of admission | |
| Payer Name | XXXX Insurance Company Ltd | Date of Discharge | |
| Member Address | | Bed Number | |

Billing Summary

| SI No | Primary Code | Particulars | Amount |
|-------|--------------|------------------------|--------|
| 1 | 100000 | Room & Nursing Charges | |
| 2 | 200000 | ICU Charges | |
| 3 | 300000 | OT Charges | |
| 4 | 400000 | Medicine & Consumables | |
| 5 | 500000 | Professional Fees' | |
| 6 | 600000 | Investigation Charges | |
| 7 | 700000 | Ambulance Charges | |
| 8 | 800000 | Miscellaneous Charges | |
| 9 | 900000 | Package Charges | |

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|-------------------------|------------------|
| Total Bill Amount | 0 |
| Amount paid by member |0 |
| Amount charged to Payer | 0 |
| Discount Amount | 0 |
| Service Tax | 0 |
| Amount Payable | 0 |
| Amount in Words | Rupees Zero Only |

Patients Signature

Authorised Signatory

DETAILED BREAKUP FORMATPART - I

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|---------------------------|-------|---------------------|-------|
| Provider Name | | Bill Number | |
| Provider registration No. | | Bill Date | |
| Address | | PAN Number | |
| IP No | | Service Tax Regn No | |
| Patient Name | | Date of admission | |
| Payer Name | | Date of Discharge | |
| Member Address | | Bed Number | |

Billing Details

| Sl No | Date | Code | Particulars | Rate | Nos (Unit) | Amount |
|-------|------|--------|-----------------------|------|------------|--------|
| 1 | | 101001 | General Ward Charges | 500 | 1 | 500.00 |
| 2 | | 401001 | XXX medicine | 50 | 2 | 100.00 |
| 3 | | 401001 | XXX Medicine – return | 50 | -1 | -50.00 |
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PART - II

| Level 1 Code | Level 1 | Level 2 Code | Level 2 | Level 3 Code | Level 3 | Remarks |
|--------------|------------------------|--------------|-----------------|--------------|--------------------------------|------------------------|
| 100000 | Room & Nursing Charges | | | | | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | | | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101001 | General Ward charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101002 | Semi-private room charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101003 | Single Room charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101004 | Single Deluxe room charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101005 | Deluxe room charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101006 | Suite charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101007 | Electricity charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101008 | Bed sheet charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101009 | Hot water charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101010 | Establishment Charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101011 | Alpha/Water Bed Charges | |
| 100000 | Room & Nursing Charges | 101000 | Room Charges | 101012 | Attendant Bed Charges | |
| 100000 | Room & Nursing Charges | 102000 | Nursing charges | | | |
| 100000 | Room & Nursing Charges | 102000 | Nursing charges | 102001 | Nursing fees | |
| 100000 | Room & Nursing Charges | 102000 | Nursing charges | 102002 | Dressing | |
| 100000 | Room & Nursing Charges | 102000 | Nursing charges | 102003 | Nebulization | |
| 100000 | Room & Nursing Charges | 102000 | Nursing charges | 102004 | Injection charges | |
| 100000 | Room & Nursing Charges | 102000 | Nursing charges | 102005 | Infusion pump charges | |
| 100000 | Room & Nursing Charges | 102000 | Nursing charges | 102006 | Aya Charges | |
| 100000 | Room & Nursing Charges | 102000 | Nursing charges | 102007 | Blood Transfusion Charges | |
| 100000 | Room & Nursing Charges | 103000 | Duty Doctor fee | | | |
| 100000 | Room & Nursing Charges | 103000 | Duty Doctor fee | 103001 | Duty Doctor fee | |
| 100000 | Room & Nursing Charges | 103000 | Duty Doctor fee | 103002 | RMO Fees | |
| 100000 | Room & Nursing Charges | 104000 | Monitor charges | | | |
| 100000 | Room & Nursing Charges | 104000 | Monitor charges | 104001 | Pulse Oxymeter charges | If used in normal Room |
| 200000 | ICU Charges | | | | | |
| 200000 | ICU Charges | 201000 | ICU Charges | | | |
| 200000 | ICU Charges | 201000 | ICU Charges | 201001 | Burns Ward | |
| 200000 | ICU Charges | 201000 | ICU Charges | 201002 | HDU charges | |
| 200000 | ICU Charges | 201000 | ICU Charges | 201003 | ICCU charges | |
| 200000 | ICU Charges | 201000 | ICU Charges | 201004 | Isolation ward charges | |
| 200000 | ICU Charges | 201000 | ICU Charges | 201005 | Neuro ICU charges | |
| 200000 | ICU Charges | 201000 | ICU Charges | 201006 | Pediatric/neonatal ICU charges | |
| 200000 | ICU Charges | 201000 | ICU Charges | 201007 | Post Operative ICU | |
| 200000 | ICU Charges | 201000 | ICU Charges | 201008 | Recovery Room | |
| 200000 | ICU Charges | 201000 | ICU Charges | 201009 | Surgical ICU | |

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|--------|-------------|--------|--------------------------|--------|-------------------------|-----------------------------------|
| 200000 | ICU Charges | 202000 | ICU Nursing charges | | | If ICU nursing charged separately |
| 200000 | ICU Charges | 202000 | ICU Nursing charges | 202001 | Nursing fees | If ICU nursing charged separately |
| 200000 | ICU Charges | 202000 | ICU Nursing charges | 202002 | Dressing | If ICU nursing charged separately |
| 200000 | ICU Charges | 202000 | ICU Nursing charges | 202003 | Nebulization | If ICU nursing charged separately |
| 200000 | ICU Charges | 202000 | ICU Nursing charges | 202004 | Injection charges | If ICU nursing charged separately |
| 200000 | ICU Charges | 202000 | ICU Nursing charges | 202005 | Infusion pump charges | |
| 200000 | ICU Charges | 203000 | Monitor charges | | | |
| 200000 | ICU Charges | 203000 | Monitor charges | 203001 | Monitor charges | |
| 200000 | ICU Charges | 203000 | Monitor charges | 203002 | Pulse Oxymeter charges | If used in ICU |
| 200000 | ICU Charges | 203000 | Monitor charges | 203003 | Cardiac Monitor charges | |
| 200000 | ICU Charges | 204000 | Monitor charges | 203004 | IABP charges | |
| 200000 | ICU Charges | 204000 | Monitor charges | 203005 | Phototherapy Charges | |
| 200000 | ICU Charges | 204000 | ICU Supplies & equipment | | | |
| 200000 | ICU Charges | 204000 | ICU Supplies & equipment | 204001 | Oxygen charges | |
| 200000 | ICU Charges | 204000 | ICU Supplies & equipment | 204002 | Ventilator charges | |
| 200000 | ICU Charges | 204000 | ICU Supplies & equipment | 204003 | Suction pump charges | |
| 200000 | ICU Charges | 204000 | ICU Supplies & equipment | 204004 | Bipap charges | |
| 200000 | ICU Charges | 204000 | ICU Supplies & equipment | | Pacing Charges | Temporary Pacemaker |
| 200000 | ICU Charges | 204000 | ICU Supplies & equipment | 20406 | Defibrillator Charges | |
| 300000 | OT Charges | | | | | |
| 300000 | OT Charges | 301000 | OT rent | | | |
| 300000 | OT Charges | 301000 | OT rent | 301001 | Major OT charge | |
| 300000 | OT Charges | 301000 | OT rent | 301002 | Minor OT Charge | |
| 300000 | OT Charges | 301000 | OT rent | 301003 | Cath Lab Charges | |
| 300000 | OT Charges | 301000 | OT rent | 301004 | Theatre charges | |

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|--------|--------------------------------|--------|--------------------------------|--------|----------------------|------------------------------------|
| 300000 | OT Charges | 301000 | OT rent | 301005 | Labour Room Charges | |
| 300000 | OT Charges | 302000 | OT Equipment charges | | | |
| 300000 | OT Charges | 302000 | OT Equipment charges | | C-arm charges | |
| 300000 | OT Charges | 302000 | OT Equipment charges | 302002 | Endoscopy charges | |
| 300000 | OT Charges | 302000 | OT Equipment charges | 302003 | Laproscope charges | |
| 300000 | OT Charges | 302000 | OT Equipment charges | 302004 | Equipment charges | If not specified |
| 300000 | OT Charges | 302000 | OT Equipment charges | 302005 | Monitor charges | for OT monitoring |
| 300000 | OT Charges | 302000 | OT Equipment charges | 302006 | Instrument charges | for OT instruments |
| 300000 | OT Charges | 303000 | OT Drugs & Consumables | | | |
| 300000 | OT Charges | 303000 | OT Drugs & Consumables | 303001 | OT Drugs | |
| 300000 | OT Charges | 303000 | OT Drugs & Consumables | 303002 | Implants | |
| 300000 | OT Charges | 303000 | OT Drugs & Consumables | 303003 | OT Consumables | includes guide wires, catheter etc |
| 300000 | OT Charges | 303000 | OT Drugs & Consumables | 303004 | OT Materials | |
| 300000 | OT Charges | 303000 | OT Drugs & Consumables | 303005 | OT Gases | |
| 300000 | OT Charges | 303000 | OT Drugs & Consumables | 303006 | Anaesthetic drugs | |
| 300000 | OT Charges | 304000 | OT Sterilization | | | |
| 300000 | OT Charges | 304000 | OT Sterilization | 304001 | CSSD Charges | |
| 400000 | Medicine & Consumables charges | | | | | |
| 400000 | Medicine & Consumables charges | 401000 | Medicine & Consumables charges | | | |
| 400000 | Medicine & Consumables charges | 401000 | Medicine & Consumables charges | 401001 | Ward Medicines | OT drugs under OT charges |
| 400000 | Medicine & Consumables charges | 401000 | Medicine & Consumables charges | 401002 | Ward Consumables | |
| 400000 | Medicine & Consumables charges | 401000 | Medicine & Consumables charges | 401003 | Ward disposables | |
| 400000 | Medicine & Consumables charges | 401000 | Medicine & Consumables charges | 401004 | Ward Materials | |
| 400000 | Medicine & Consumables charges | 401000 | Medicine & Consumables charges | 401005 | Vaccination drugs | |
| 500000 | Professional fees charges | | | | | |
| 500000 | Professional fees charges | 501000 | Visit charges | | | |
| 500000 | Professional fees charges | 501000 | Visit charges | 501001 | Consultation Charges | |

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|--------|---------------------------|--------|------------------------|--------|-----------------------------|---|
| 500000 | Professional fees charges | 501000 | Visit charges | 501002 | Medical Supervision Charges | |
| 500000 | Professional fees charges | 501000 | Visit charges | 501003 | Professional fees | |
| 500000 | Professional fees charges | 502000 | Surgery Charges | | | |
| 500000 | Professional fees charges | 502000 | Surgery Charges | 502001 | Surgeons Charges | |
| 500000 | Professional fees charges | 502000 | Surgery Charges | 502002 | Assisstant Surgeons Fee | Would also include Standby Surgeon |
| 500000 | Professional fees charges | 503000 | Anaesthetists fee | | | |
| 500000 | Professional fees charges | 503000 | Anaesthetists fee | 503001 | Anaesthetists fee | |
| 500000 | Professional fees charges | 503000 | Anaesthetists fee | 503002 | OT standby charges | Providers charge for standby anaesthetist |
| 500000 | Professional fees charges | 504000 | Intensivist Charges | 504000 | | |
| 500000 | Professional fees charges | 505000 | Technician Charges | 505000 | OT /Cath Lab Technician | |
| 500000 | Professional fees charges | 505000 | Physiotherapy | | | |
| 500000 | Professional fees charges | 504000 | Procedure charges | | | |
| 500000 | Professional fees charges | 504000 | Procedure charges | 504001 | Bedside procedures | Catheterization, Central IV Line, Tracheostomy, Venesection |
| 500000 | Professional fees charges | 504000 | Procedure charges | 504002 | Suture charges | |
| 600000 | Investigation Charges | | | | | |
| 600000 | Investigation Charges | 601000 | Bio Chemistry | | | Serum Sodium, Ueres etc |
| 600000 | Investigation Charges | 602000 | Cardiology charges | | | for procedures like echo, ECG etc |
| 600000 | Investigation Charges | 603000 | Haemotology charges | | | cross matching etc |
| 600000 | Investigation Charges | 604000 | Microbiology charges | | | blood culture, C&S |
| 600000 | Investigation Charges | 605000 | Neurology | | | for EMG, EEG etc |
| 600000 | Investigation Charges | 606000 | Nuclear medicine | | | PET CT, Bone scan etc |
| 600000 | Investigation Charges | 607000 | Pathology charges | | | |
| 600000 | Investigation Charges | 608000 | Radiology services | | | X-ra, CT, MRI etc |
| 600000 | Investigation Charges | 609000 | Serology charges | | | |
| 600000 | Investigation Charges | 610000 | Medical Genetics | | | Chrosomal Analysis etc |
| 600000 | Investigation Charges | 611000 | Profiles | | | Profiles instead of individual tests (Lipid profile, LFT etc) |
| 700000 | Ambulance Charges | | | | | |
| 700000 | Ambulance Charges | 701000 | Ambulance Charges | | | |
| 800000 | Miscellaneous charges | | | | | |
| 800000 | Miscellaneous charges | 801000 | Admission charges | | | |
| 800000 | Miscellaneous charges | 802000 | Attendant food charges | | | |
| 800000 | Miscellaneous charges | 803000 | Patient food charges | | | |

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|--------|-----------------------|--------|---------------------------|------------|-------------------------------------|-------------------------------------|
| 800000 | Miscellaneous charges | 804000 | Registration charges | | | |
| 800000 | Miscellaneous charges | 805000 | MRD Charges | | | |
| 800000 | Miscellaneous charges | 806000 | Documentation charges | | | |
| 800000 | Miscellaneous charges | 807000 | Telephone charges | | | |
| 800000 | Miscellaneous charges | 808000 | Bio Medical Waste Charges | | | |
| 800000 | Miscellaneous charges | 809000 | Taxes | | Luxury Tax/Surcharge/Service Charge | Excluding VAT & Service Tax |
| 900000 | Package Charges | | | | | To be used only in case of packages |
| 900000 | Package Charges | 901000 | Cardiac Surgery | ICD-10-PCS | CABG | To be used only in case of packages |
| 900000 | Package Charges | 902000 | Cardiology Packages | ICD-10-PCS | PTCA | To be used only in case of packages |
| 900000 | Package Charges | 903000 | Cath Lab | ICD-10-PCS | CAG | To be used only in case of packages |
| 900000 | Package Charges | 904000 | Dental Procedures | ICD-10-PCS | Root Canal Treatment | To be used only in case of packages |
| 900000 | Package Charges | 905000 | ENT | ICD-10-PCS | FESS | To be used only in case of packages |
| 900000 | Package Charges | 906000 | Gastroenterology | ICD-10-PCS | Gastrectomy - Partial | To be used only in case of packages |
| 900000 | Package Charges | 907000 | General Surgery | ICD-10-PCS | Inguinal hernia | To be used only in case of packages |
| 900000 | Package Charges | 908000 | Gynaecology | ICD-10-PCS | LSCS | To be used only in case of packages |
| 900000 | Package Charges | 909000 | Nephrology | ICD-10-PCS | Nephrectomy | To be used only in case of packages |
| 900000 | Package Charges | 910000 | Neuro Surgery | ICD-10-PCS | Craniotomy | To be used only in case of packages |
| 900000 | Package Charges | 911000 | Oncology Procedures | ICD-10-PCS | IMRT | To be used only in case of packages |
| 900000 | Package Charges | 912000 | Ophthalmology procedures | ICD-10-PCS | Cataract | To be used only in case of packages |
| 900000 | Package Charges | 913000 | Orthopaedic Surgery | ICD-10-PCS | Bilateral TKR | To be used only in case of packages |
| 900000 | Package Charges | 914000 | Plastic Surgery | ICD-10-PCS | Skin Grafting | To be used only in case of packages |
| 900000 | Package Charges | 915000 | Pulmonology Packages | ICD-10-PCS | Pleural Tapping | To be used only in case of packages |
| 900000 | Package Charges | 916000 | Urology | ICD-10-PCS | ERCP | To be used only in case of packages |
| 900000 | Package Charges | 917000 | Vascular Surgery | ICD-10-PCS | Embolectomy | To be used only in case of packages |